MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

11337

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 Day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: David Windsor Bailey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bessie Goslee Bailey

6(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): September 22, 1896

8. AGE: Years	Months	Days	If less than one day
43	1	25	____ hrs. ____ min.

9. Birthplace: Near Hebron Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: House & Odd job

FATHER
12. Name: L. Ernest Bailey
13. Birthplace: Hebron Md.

MOTHER
14. Maiden name: Elnora Bailey
15. Birthplace: Mardela Springs Md.

16. Informant: Mrs. Bessie G. Bailey

Address: Hebron, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/18/'39 (month) (day) (year)

Cemetery or crematory: Mardela Cemetery

Location: Mardela Springs, Md.

18. Funeral director: Mrs. C. G. Messick & Sons

Address: Hebron Md.

19. 11/18, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16, 1939, at 5a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, to ____, 19____, and that I last saw ____ alive on ____, 19____.

Immediate cause of death: Peritonitis — DURATION: 1 day

Due to: Gunshot wound of abdomen

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Location of intestine and abdominal wall
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 11/15/39

Where did injury occur? Hebron (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): Farm

Means of injury: Hunting Injured at work? No

23. SIGNATURE: L. A. Rademacher M.D.
Deputy Medical Examiner M. D. or other

Address: Salisbury, Md Date signed: 11-16-39

RECEIVED
DEC 5 1939
BUREAU V. S.

11338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:

County Wicomico

City or town Hebron
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olivia C. Bethard

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jonothan Bethard

6(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) No record

8. AGE: Years	Months	Days	If less than one day
76			hrs. min.

9. Birthplace Berlin Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Baker
13. Birthplace Berlin Md.

MOTHER
14. Maiden name No record
15. Birthplace

18. Informant Miss Elizabeth Bethard

Address Hebron, Md.

17. ~~Xxxxx~~ Burial Date thereof 11/19'39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mardela Cem.

Location Mardela Springs Md.

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 11-17 1939 Mrs J M Walley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on ____ 19__.

Medical Examiner's certificate

Immediate cause of death Coronary Thrombosis.

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION
Sudden death
6 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L A Rademaker M.D. Deputy Medical Examiner
M. D. or other

Address Salisbury Md Date signed 11-17-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (139-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wicomico

City or town Nanticoke
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Nanticoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Garraphine Braxton

3. (b) Social Security Number none

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John Braxton

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1884

8. AGE: Years 55 Months 11 Days — If less than one day hrs. min.

8. Birthplace Nanticoke
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Geo. Elsey
13. Birthplace Nanticoke

MOTHER
14. Maiden name Mamie Elsey
15. Birthplace Nanticoke Md

16. Informant John Braxton
Address Nanticoke, Md.

17. Burial Date thereof Nov 8 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nanticoke

Location Near Jester's Store Nanticoke

18. Funeral director Mrs C E Messick & Sons
Address Bivalve, Md

19. April 2 1940 R. Woolford Walter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Dec 6 1939, and that I last saw h elive on Dec 5 1939.

Immediate cause of death Pyelo-cystitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Allen Fields M. D. or other

Address Nanticoke Md Date signed 11-8-39

RECEIVED
APR 6 1940
BUREAU V. S.

(Dr. Kitts)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92a)

11339

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Md. Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Railroad Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Ervin Bruce

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
B (b) Name of husband or wife Ida May Bruce
6(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) Jan 5 - 1847

8. AGE: Years 92 Months 10 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Eaton Ohio.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Hardin Bruce
13. Birthplace Eaton Ohio

MOTHER
14. Maiden name Susana Swiheart
15. Birthplace Eaton Ohio.

16. Informant Miss Frances Bruce
Address 109 Fitzwater St. Salisbury Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 20 - 39 (month) (day) (year)
~~Cemetery~~ or crematory Lee's Funeral Home
Location Washington D.C.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Maryland.

19. 11/18/39 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1939 (9.40 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Nov. 16 1939, and that I last saw him alive on Nov. 16 1939.

Immediate cause of death Acute myocardial failure — DURATION 8 hours

Due to Chronic myocarditis and valvular insufficiency. — many years.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. W. Kiss, M.D. M. D. or other
Address Salisbury, Md Date signed 11-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

WITHIN CORPORATE LIMITS OF

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11340

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 dys
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Girdletree Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Francis S. Collick
3. (b) Social Security Number None

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ✓
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 8 39

8. AGE: Years | Months 0 | Days 4 | If less than one day hrs. min.

9. Birthplace Girdletree Worcester Md
(Town, county, and state)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name ~~Unknown~~ Arthur Kingsley
13. Birthplace " N.J.
MOTHER
14. Maiden name ~~Unknown~~ Cornelia Collick
15. Birthplace " Md
16. Informant P.G. Hospital
Address Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 7 39 (month) (day) (year)
Cemetery or crematory Coolspringer
Location Girdletree Md
18. Funeral director Pearne & Dunning
Address Snow Hill Md
19. 11/6, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939, at 5:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1939 to Nov 6 1939, and that I last saw him alive on Nov 5 1939.
Immediate cause of death Infectious diarrhea — DURATION 3 wks.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Wanna M.D.
M. D. or other
Address Salisbury Date signed Nov 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Parents names added from birth certificate. 12/21/39. AB.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (125-a)

CERTIFICATE OF DEATH

11341

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. G. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 dy

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 1918

3. (a) FULL NAME Lowie Collick
3. (b) Social Security Number None

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb. 24 - 1933
8. AGE: Years 6 Months 7 Days 25 If less than one day hrs. min.
9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual occupation —
11. Industry or business School
FATHER 12. Name Allen Collick
13. Birthplace Maryland
MOTHER 14. Maiden name Ada Pitts
15. Birthplace Maryland
16. Informant Ada Collick
Address Snow Hill Md #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23-39 (month) (day) (year)
Cemetery or crematory Mt. Wesley
Location Snow Hill Md
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 11/19, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 18 - 1939, at 11:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 - 18 - 1939 to 11 - 18 - 1939 and that I last saw him alive on 11 - 18 - 1939

Immediate cause of death: Acute yellow atrophy of liver — DURATION 4 days
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE L A Rademaker M.D.
Address Salisbury, Md M. D. or other
Date signed 11/19/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11342

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 149 Cattell St. Salisbury md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lula Stevenson Collins

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a.a.	Widow

6.(b) Name of husband or wife Columbus Stevenson

6.(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 65			hrs. min.

9. Birthplace Stockton md
(City or town, county, and state) md

10. Usual occupation md

11. Industry or business no

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Mrs Alla Pennell

Address Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 4, 1939 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury, Md

18. Funeral director Jones & Stewart

Address Salisbury md

19. 12/2, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1939, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30, 1939, to Nov. 30, 1939, and that I last saw her alive on Nov. 30 1939.

Immediate cause of death	Bronchopneumonia	DURATION 3 days
Due to	Probable Influenza	Week
Due to		
Other conditions	Hardening	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bronchopneumonia

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. H. Seagly M. D. or Other

Address Salisbury, Md Date signed Dec 5 39

RECEIVED
DEC 5 1939
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92a

11343

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 414 Linwood

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town 414 Linwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Md

(If rural give LOCATION)

2(d) IF VETERAN, NAME WAR World war

3. (a) FULL NAME Blanton S. Colonna

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 - 1888

8. AGE: Years 51 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Crisfield Md (Town, county, and state)

10. Usual occupation retired Freight Checker

11. Industry or business Penna R.R. Co.

FATHER 12. Name George N. Colonna

13. Birthplace Accomac Va.

MOTHER 14. Maiden name Martha Jane Truitt

15. Birthplace Willards Maryland

16. Informant A. Colonna

Address 402 Truitt st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3 - 39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 11/3 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1939 at 1:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25 1939, to Nov 2 1939, and that I last saw him alive on Nov 1 1939.

Immediate cause of death Valvular Heart Disease myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION Weeks

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hiro R Mann M. D. or other

Address Salisbury Md Date signed Nov 3 - 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

NOV 17 1939
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82b)

11344

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset.

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Esther Corbin

3. (b) Social Security Number None

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced married

8 (b) Name of husband or wife Theodore Corbin

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Laura Polk
15. Birthplace Md

16. Informant Theodore Corbin

Address Princess Anne, Md.

17. Burial Date thereof 12-3-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Princess Anne

Location Wesley Cem.

18. Funeral director William James & Son

Address Princess Anne, Md.

19. 11/30, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1939, at 8:50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-27- 1939, to 11-29- 1939, and that I last saw her alive on 11-29-1939 19

Immediate cause of death
Simple Meningitis: Cause, unknown.
Duration: ten days. CWGR.

Due to Thrombosis Carotid Sinus:

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher, M.D.
M. D. or other

Address Salisbury, Md. Date signed 12/1/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

11345

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF (M)

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 804 Poplar Hill Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 804. Poplar Hill Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wilson Cordrey

3. (b) Social Security Number 217-10-2274

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6. 1902.

8. AGE: Years	Months	Days	If less than one day
37	8	24	hrs. min.

9. Birthplace Laurel Delaware
(Town, county, and state)

10. Usual occupation Office Manager

11. Industry or business Pocohontas Coal Co.

FATHER
12. Name Oliver Cordrey
13. Birthplace Near Laurel Delaware

MOTHER
14. Maiden name Hannah White
15. Birthplace Near Georgetown Delaware.

16. Informant Mrs. Oliver Cordrey

Address 804 Poplar Hill Ave. Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3. 1939. (month) (day) (year)

Cemetery or crematory Wicomico Mem. Park.

Location Salisbury, Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury, Maryland.

19. 12/3, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1939. at 5 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw alive 19 .

Medical examiner's certificate

Immediate cause of death Carbon Monoxide poisoning

DURATION 20 mins.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 11-30-39

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE L A Kademaker M D Deputy Medical Examiner Wicomico Co. M. D. or other

Address Salisbury, Md Date signed 12-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92a)

CERTIFICATE OF DEATH

11346

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Wetipquin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) No
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Wetipquin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Quantico Post Office
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Dashiell

3. (b) Social Security Number

4. Sex: Male
5. Color or race: a a
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Annie Dashiell
6(c) If alive, give age: About 70 years
7. Birth date of deceased (mo., day, yr.): 4 - 11 - 1862

8. AGE: Years 77 | Months 7 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace: White Haven (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no

FATHER
12. Name: William Dashiell
13. Birthplace: Wicomico Co., Maryland

MOTHER
14. Maiden name: Emily Gale
15. Birthplace: Quantico Maryland

16. Informant: Mrs. Danie Moore
Address: Quantico, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 - 19 - 39 (month) (day) (year)
Cemetery or crematory: Stephens' Field Cemetery
Location: Wetipquin

18. Funeral director: James F. Stewart
Address: 402 E. Church St., Salisbury, Md.

19. Nov. 18 1939 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1939, at 29 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 12 1939, to Nov 15 1939, and that I last saw him alive on November 15 1939.

Immediate cause of death: Organic Heart Disease (Mitral)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: Not known

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE A. D. Browne, M. D. (M. D. or other)
Address Salisbury, Maryland Date signed 11/17/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11347

95-E

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Pittsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisiana Rider Farlow If U. S. Veteran, specify WAR —

(a) Residence: No. Pittsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj Daniel Farlow

6. DATE OF BIRTH (month, day, and year): May-30-1859

7. AGE: Years 80 Months 5 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pittsville Maryland Wicomico Co.

FATHER

13. NAME: Peter T. Parsons

14. BIRTHPLACE (city or town) (State or country): Pittsville Md

MOTHER

15. MAIDEN NAME: Gertrude Walston

16. BIRTHPLACE (city or town) (State or country): Pittsville Md

17. INFORMANT (Address): D Mae Farlow Pittsville Md

18. BURIAL, CREMATION, OR REMOVAL Place: Grace M P. Cemetery Date: Nov 23, 1939

19. UNDERTAKER (Address): Wm Howard Wells Pittsville Md

20. FILED: Nov. 21, 1939 Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September, 1939, to November 21, 1939

I last saw her alive on about Nov. 10, 1939; death is said to have occurred on the date stated above, at 6-9 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(1) Arteriosclerotic cardio-vascular disease.	many years.
(2) Acute myocardial failure	30 min

Other Contributory Causes of Importance:

Name of operation: none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A W Kitts M. D.

(Address) Salisbury, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

T

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
DEC 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (119) Reg. Dist. No. 333

CERTIFICATE OF DEATH

11348

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Gen. General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Harry W. Hassett Fassett

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: col

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 26. 1939

8. AGE: Years — Months 9 Days 2 If less than one day — hr. — min.

9. Birthplace md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Edward Jarman

FATHER 13. Birthplace md

MOTHER 14. Maiden Name Ardine Hassett

MOTHER 15. Birthplace md

16 (a) Informant Edward Jarman

16 (b) Address Berlin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27/1939 (month) (day) (year)

17 (c) Cemetery or crematory St. Paul's

Location Berlin md

18 (a) Funeral director J. W. Bunting

18 (b) Address Berlin md.

19 (a) 11/27/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 11/26/39 1939 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1939, to 11/26 1939 and that I last saw him alive on 11/25 1939.

Immediate cause of death	Duration
Infection of urethra	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature J. W. Brunner M. D. (M. D. or other)

Address Salisbury Date signed Nov 29

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11349

1. PLACE OF DEATH (3)

County Wicomico Registration Dist. No. 331

Village or City Quantico No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME baby Gale

(a) Residence: No. Quantico St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1 1939

7. AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Quantico Md

FATHER

13. NAME Isaac Gale

14. BIRTHPLACE (city or town) (State or country) Quantico Md

MOTHER

15. MAIDEN NAME Ruth Austin

16. BIRTHPLACE (city or town) (State or country) Quantico Md

17. INFORMANT (Address) Isaac Gale

18. BURIAL, CREMATION, OR REMOVAL

Place Quantico Date Nov 2, 1939

19. UNDERTAKER (Address) Vy Family

20. FILED Nov 2, 1939 Mrs J. N. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Still born baby (6 mo preg)

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Fields M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
DEC 4 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11350

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County: Wicomico

City or town: Hebron

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Hebron Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Greensbury C. Gillis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Elizabeth Gillis

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): October 8, 1850

8. AGE: Years	Months	Days	If less than one day
89	1	15	____ hrs. ____ min.

9. Birthplace: Hebron Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: G. C. Gillis

13. Birthplace: Hebron Md.

MOTHER 14. Maiden name: Sallie Bennett

15. Birthplace: Mardela Springs Md.

16. Informant: Mrs. Greensbury C. Gillis

Address: Hebron Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/25/'39 (month) (day) (year)

Cemetery or crematory: Mardela Cemetery

Location: Mardela Springs Md.

18. Funeral director: Mrs. C. G. Messick & Sons

Address: Hebron Md.

19. Nov 24 1939 Mrs J. M. Wallace

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23, 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to November 23rd 1939, and that I last saw h alive on November 23rd 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION

Due to — DURATION

Due to — DURATION

Other conditions: Arteriosclerosis — DURATION

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: William Emerick M. D. or other

Address: Hebron - Md. Date signed Nov. 24, 1939

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11351

Reg. Dist. No. 330

1. PLACE OF DEATH:
County Wicomico
City or town Mardela
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Shaytown Road (near Mardela)
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) returned 10 years ago

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Mardela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Shaytown Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Almedia A. Gravenor

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Elisha A. Gravenor
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Nov. 16 - 1868
8. AGE: Years 71 | Months | Days 9 | If less than one day ___ hrs. ___ min.
9. Birthplace: Mardela Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: William W. Bennett
13. Birthplace: Mardela Md
MOTHER 14. Maiden name: Elizabeth A. Riggin
15. Birthplace: Riverton Md.
16. Informant: Ernest W. Bennett
Address: Hebron Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28-39 (month) (day) (year)
Cemetery or crematory: Mardela Cem.
Location: Mardela Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland
19. 11/28 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25th 1939, at 5:30 p.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw her alive on ___ 19__.
Medical examiner's certificate
Immediate cause of death: acute coronary thrombosis of heart.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: sudden death

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: L. A. Pedernales M.D. Deputy Medical Examiner Wicomico Co. M. D. or other
Address: Salisbury, Md Date signed 11/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(212-m)

11352

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Sharptown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Sharptown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gravenor, C. Murrel

3. (b) Social Security Number 216-10-8774

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 1918

8. AGE: Years 21 Months 3 Days 3 If less than one day hrs. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual occupation Common Labor

11. Industry or business

FATHER 12. Name Murrel C Gravenor Sr

13. Birthplace Maryland

MOTHER 14. Maiden name Myrtle B. Brinsfield

15. Birthplace Maryland

16. Informant Myrtle Short

Address Seaford Del R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1939 (month) (day) (year)

Cemetery or crematory Galestown Nov 7 1939

Location

18. Funeral director Gravenor Bros.

Address Sharptown, Md.

19. Nov. 7 1939 (Date rec'd by registrar) Mary R. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw he alive on 19

Medical Examiner's certificate

Immediate cause of death Ruptured Liver

DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 11-5-39

Where did injury occur? Sharptown (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury auto run off bridge Injured at work? no

23. SIGNATURE L A Rademaker M D Deputy Medical Examiner Wicomico County M. D. or other

Address Salisbury Md Date signed 11-5-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T) (1)

RECEIVED
DEC 5 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122B)

11353

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 17 days

Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural, R.D. 1 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Nannie Rolph Guen

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward B. Guen ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 31, 1879.

8. AGE: Years 59 | Months 10 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Chestertown, Kent, Md. (Town, county, and state) ✓

10. Usual occupation: ✓

11. Industry or business:

FATHER
12. Name: Samuel T. ~~Guen~~ Rolph
13. Birthplace: Kent Co., Md.

MOTHER
14. Maiden name: Eliza Parker Clayland
15. Birthplace: Baltimore, Md.

16. Informant: Mary Rolph

Address: 2624 St Paul St., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 21, 1939. (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 11/20, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19, 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1939, to Nov 19 1939, and that I last saw her alive on Nov 19 1939.

Immediate cause of death: The General peritonitis is unexplainable. — DURATION: 10 days

Due to: Intestinal obstruction; due to adhesions from a previous operation. — 16 days

Due to: Not due to cancer. C.W.G.R.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Partial Intestinal obstruction chronic calc. Cholecystitis

Of autopsy: General peritonitis

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: L A Rademaker M.D. M. D. or other

Address: Salisbury Md Date signed: 11-19-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (958)

CERTIFICATE OF DEATH

11354

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Elisha Hastings

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1855

8. AGE:

Years	Months	Days	If less than one day
64	1	5	hrs. min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Henry Hastings

13. Birthplace md

MOTHER 14. Maiden name Julia A. Collins

15. Birthplace md

16. Informant Charles Hastings

Address Selbyville Del

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1939 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin md

18. Funeral director J. M. Burbage

Address Berlin md

19. 11/29, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1939, at 5:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to Nov 27 1939, and that I last saw h alive on Nov. 27 1939

Immediate cause of death	DURATION
Infarction of Myocardium	20 min
Due to Coronary thrombosis	20 min
Due to Arterio sclerotic Cardio-Vascular disease	years
Other conditions Probably existed Contributory 1 mo. ago (Includes pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Summers M.D. M.D. or other

Address Salisbury, Md Date signed 11/27/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC. 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

11355

Reg. Dist. No. 332 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Near Willards Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 29 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Nr. Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gary Vincint Hearn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1939

8. AGE:

Years	Months	Days	If less than one day
		29	hrs. min.

9. Birthplace Near Willards Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Randolph Hearn.
13. Birthplace Willards. Md.

MOTHER
14. Maiden name Hilda B. Esham.
15. Birthplace Whaleyville Md.

16. Informant Randolph Hearn.
Address Willards. Md.

17. New Hope Cem. (Burial, cremation, or removal. Which?) Date thereof Nov 9 Th 1939 (month) (day) (year)
Cemetery or crematory New Hope Cem.
Location near Willards. Md.

18. Funeral director Wm. Howard Wells.
Address Pittsville. Md.

19. Nov. 9 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8 1939, at 3.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/24 1939 to 11/8 1939, and that I last saw h— alive on 11/8/39 19—.

	DURATION
Immediate cause of death Organic heart disease	10/10/39
Due to	
Due to	
Other conditions Influenza	Since 10/24/39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. V. Wood M. D. or other
Address Millsboro Del Date signed 11/8/39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

11356

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in this community (yrs., mos., or days) 12 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Henderson
(If outside city or town limits, write RURAL and give town)

(d) Street No. —
(If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Ivins, John Oscar

3 (b) If veteran, name war: no

3 (c) Social Security No. no

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: unknown

6. (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) April 10, 1858

8. AGE: Years 81 | Months 7 | Days 15 | If less than one day ——hr. ——min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business —

FATHER

12. Name John Ivins

13. Birthplace New Jersey (uncertain)

MOTHER

14. Maiden Name Harriet Bennett

15. Birthplace New Jersey

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/39 (month) (day) (year)

(c) Cemetery or crematory Greensboro Md

Location Greensboro Md.

18 (a) Funeral director R. B. Rawlings

(b) Address Greensboro Md.

19 (a) 11/25/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death November 25 1939, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13/39 19—, to 11/25/39 19—, and that I last saw him alive on 11/24/39 19—.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	42 mo
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Owen M. D. or other

Address Salisbury Md Date signed 11/25/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94)

Reg. Dist. No. 332

11357

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico.
(b) City or town Pittsville, R
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution R. F. D.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico.
(c) City or town Pittsville.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah E. Jackson.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife George E. Jackson

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1857.

8. **AGE:** Years 82 | Months 3 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Powellville)
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name William Richardson
13. Birthplace Maryland.

MOTHER
14. Maiden Name Anne Pennewell.
15. Birthplace Maryland.

16 (a) Informant Mrs. Lawrence Pennewell.
(b) Address Pittsville Md R. F. D.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Jackson Cemetery
Location Pittsville, Md R. F. D.

18 (a) Funeral director J. W. Burbage.
(b) Address Berlin, Md

19 (a) Nov. 9, 1939 (Date rec'd by registrar) Lillian P. Davis Registrar
Local

MEDICAL CERTIFICATION

20. Date of death Nov 7 1939, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1939, to Nov 7 1939, and that I last saw him alive on Nov 7 1939.

	Duration
Immediate cause of death: Coronary Thrombosis	None
Due to: Senility and Arteriosclerosis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. Brown M.D.
M. D. or other
Address Salisbury Md Date signed 11/9/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

11358

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) about 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 209 Delaware
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary Jones

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife George Jones

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Mar 22 1867

8. AGE: Years 72 Months 8 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Snow Hill md
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business no

FATHER
12. Name Major Ginn
13. Birthplace Snowhill md

MOTHER
14. Maiden name Mary Ginn
15. Birthplace Snowhill md

16. Informant mrs Florence Hitch

Address Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 13 - 1939 (month) (day) (year)

Cemetery or crematory Hanston

Location Salisbury md

18. Funeral director James F. Stewart

Address Salisbury md

19. 11/13, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939, at 8 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to ___ 19__, and that I last saw h__ alive on ___ 19__.

Medical examiner's certificate

Immediate cause of death: Cerebral Hemorrhage — DURATION: one day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE L A Rademacher MD Deputy Medical Examiner Wicomico Co. Sta of Md M. D. or other

Address Salisbury, Md Date signed 11-14-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

(Dr. Mann)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37)

CERTIFICATE OF DEATH

41359

Reg. Diat. No. 333

1. PLACE OF DEATH:
County: Wicomico Co
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #4. Lincoln ave Ext.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico Co
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Lincoln Jave Ext
R.F.D. #4 (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: D. James Kelley
3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hannah Kelley
6(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Oct. 9. 1857.
8. AGE: Years: 82 Months: 0 Days: 22 If less than one day: hrs. min.
9. Birthplace: R.F.D. Salisbury Md. (town, county and state)
10. Usual occupation: retired Farmer
11. Industry or business:
FATHER 12. Name: Davis M. Kelley
FATHER 13. Birthplace: R.F.D. Salisbury Md
MOTHER 14. Maiden name: ~~Mary Ann~~ Martha
MOTHER 15. Birthplace: R.F.D. Salisbury Md.
16. Informant: Mrs Hannah Kelley
Address: R.D. #4. Lincoln ave Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3-39 (month) (day) (year)
Cemetery or crematory: Memorial Park
Location: Salisbury Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 11/3 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1st 1939, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1939, to Nov 1 1939, and that I last saw him alive on Oct 31 1939.

	DURATION
Immediate cause of death: Sepsis	12 days
Due to: Hypertrophy Prostate Gland & retention urine	Months
Due to:	
Other conditions:	
Major findings: Other (Include pregnancy within 3 months of death)	
Operations:	
Autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Injured at work?

23. SIGNATURE: Hines R Mann M. D. or other
Address: Salisbury Md Date signed: Nov 2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m) MD

11360

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.B. Hoyt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Dagsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lathbury, Calvin

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dec. 8. 1913
8. AGE: Years 25 | Months 10 | Days 27 | If less than one day ____ hrs. ____ min.
9. Birthplace: Millville Del.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Henry C. Lathbury
13. Birthplace: Millville, Del.
MOTHER 14. Maiden name: Anna Calhoun
15. Birthplace: Millville Del.
16. Informant: Mrs. Myrtle Hickman
Address: Millville Delaware
17. Burial (Burial, cremation, or removal? Which?) Date thereof Nov. 7-39 (month) (day) (year)
Cemetery or crematory: St. George Cem.
Location: St. George Delaware
18. Funeral director: Clinton H. Walton
Address: Frankford Delaware
19. 11/7/39 (Data rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 6 48 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, to ____ 19____, and that I last saw h[illegible] alive on ____ 19____.

Immediate cause of death: Intra abdominal and intra thoracic hemmorrhage — DURATION: 7 hrs
Due to: Ruptured liver & spleen and punctured Lung
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Ruptured liver & spleen. Fractured ribs Rt. 4-11. Ruptured lung - Rt

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 11-4-39
Where did injury occur? Dagsboro (City or town) Sussex (County) Delaware (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury Auto turned over Injured at work? No

23. SIGNATURE LaRademaker M.D. Deputy Medical Examiner Wicomico Co. Md. M. D. or other
Address Salisbury Md. Date signed 11/5/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11361

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico Co

City or town: Fruitland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Fruitland

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico Co

City or town: Fruitland Ward No. 16 (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Fruitland (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John S. Layfield

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary H. Layfield

6 (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Nov. 3. 1859

8. AGE: Years: 80 Months: 0 Days: 21 If less than one day: hrs. min.

9. Birthplace: R.F.D. Fruitland Md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Farmer

FATHER
12. Name: James S. Layfield
13. Birthplace: R.F.D. Fruitland Md.

MOTHER
14. Maiden name: Sarah Lokey
15. Birthplace: Snow Hill Md.

16. Informant: Laudie Layfield

Address: R.D. #1. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 26-39 (month) (day) (year)

Cemetery or crematory: Mullen Cem.

Location: Near St. Luke Church

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Maryland

19. 11/26, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 24th 1939 at 3:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20 1939 to Nov. 24 1939 and that I last saw him alive on Nov 24 1939

Immediate cause of death: Schlerotic Heart — DURATION: 3 mos

Due to

Due to: Hypertension — 2 yrs

Other conditions: Chr. Int. Nephritis — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W O Daisey M. D. or other

Address: Salisbury Md Date signed: 11/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179)

CERTIFICATE OF DEATH

11362

Reg. Dist. No. 330

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Wicomico
City or town: Madela
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Madela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Main street
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Edward Conway Mayhis

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harriett C. Mayhis
6(c) If alive, give age: 36 years
7. Birth date of deceased (mo., day, yr.): Sept. 1. 1898
8. AGE: Years: 41 Months: 2 Days: 14 If less than one day: hrs. min.
9. Birthplace: Cumberland Md. (Town, county, and state)
10. Usual occupation: Medical Doctor
11. Industry or business: at Madela Md.
FATHER 12. Name: Samuel Mayhis
FATHER 13. Birthplace: Edenton Va.
MOTHER 14. Maiden name: Lyla Conway
MOTHER 15. Birthplace: Charlottesville Va.
16. Informant: Mrs Harriett C. Mayhis
Address: (% Ed Miller) Park st. Charlottesville Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18-39 (month) (day) (year)
Cemetery or crematory: Madela Cem.
Location: Madela Md.
18. Funeral director: Holloway & Co Walter R. Holloway Jr.
Address: Salisbury Maryland.
19. 11/18 (Date rec'd by registrar) 1939 Jessie L. Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15th 1939, at 12.40 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from [illegible] 19 to 19, and that I last saw h[illegible] alive on [illegible] 19.

Immediate cause of death: Paraldehyde poisoning — DURATION: 4 hr
Due to: accidental overdosage
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident. Date of 11-15-39
Where did injury occur? Madella (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: as above. Injured at work?

23. SIGNATURE: LaRademaker M.D. Deputy medical Examiner
M. D. or other
Address: Salisbury Md Date signed 11-18-39

RECEIVED
DEC 7 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (122-8)

11363

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M) WITEIN CORPORATION

1. PLACE OF DEATH
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 607. School Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Mathews

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Isaac Mathews
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 8, 1906

8. AGE: Years 32 Months 11 Days 8 If less than one day hrs. min.

9. Birthplace White Haven Md.
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name George Galette
13. Birthplace Quantico Md.
MOTHER 14. Maiden name Georgia Horsman
15. Birthplace Allen Md.
16. Informant Mrs. Georgia H. Galette
Address 607. School st. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 - 39 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co Walter R. Holloway
Address Salisbury Maryland.
19. 11/19, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th 1939, at 10.15 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1939, to Nov 16 1939, and that I last saw her alive on Nov 16 1939.

Immediate cause of death	DURATION
Peritonitis	24 hrs.
Due to intestinal obstruction.	36 hrs.
Due to abdominal adhesions	3 mos.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations multiple adhesion bands with very friable about gangrenous bowel
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L A Rademaker MD
M. D. or other
Address Salisbury Md Date signed 11-18-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11364

1. PLACE OF DEATH (8)

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still Birth McBride If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	Col	Still

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still Birth

6. DATE OF BIRTH (month, day, and year) Nov 1 1939

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	Nov	0	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Still Birth

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nanticoke Md.
(State or country)

FATHER

13. NAME Ben McBride

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Pauline Jones

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Sarah E. Jones
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nanticoke Date 11/3, 1939

19. UNDERTAKER Emmos Jones
(Address) Nanticoke, Md.

20. FILED 11/3, 1939 R. Crawford Wallis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Nov 1, 1939

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Still Born	
7 Mos	
Other Contributory Causes of Importance:	
Premature	

Neme of oparation Date of

What test confirmed diagnosis? Wes there en autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicida, or homicide? Dete of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way ralated to occupation of deceased?

If so, specify

(Signed) L. L. Browne M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
DEC 5 1928
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

11365

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. H. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph Miles

3. (b) Social Security Number 214-10-9673

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1918

8. AGE: Years 21 | Months | Days | If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Worked in a store

11. Industry or business Store

FATHER 12. Name H. Ward Miles

FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Venie Howeth

MOTHER 15. Birthplace Md.

16. Informant Mrs. Venie Miles

Address Upper Fairmount, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/19/39 (month) (day) (year)

Cemetery or crematory Family Lot

Location Upper Fairmount Md.

18. Funeral director Harry D. Miles

Address Upper Fairmount Md

19. 11/16 1939 Harriet E. Johnson (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 November 1939, at 9 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Nov. 1939, to 16 Nov. 1939, and that I last saw him alive on 16 Nov. 1939

	DURATION
Immediate cause of death Acute hemorrhagic nephritis	16 days
Due to Upper Respiratory infection	3 weeks
Due to (b) Staphylococcus hemolyticus)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible], M.D. M. D. or other

Address Salisbury, Md Date signed 11-16-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

11366

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 411 Records Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md R7D3 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R 7 D 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Grace Morris

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Clarence Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1896

8. AGE: Years 43 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Hard work

11. Industry or business

FATHER 12. Name John H. Warner

13. Birthplace Maryland

MOTHER 14. Maiden name Louise Tyse

15. Birthplace Maryland

16. Informant Miss Evelyn Morris

Address Delmar, Md R7D3

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-26-39 (month) (day) (year)

Cemetery or crematory Nelsons Cemetery

Location Delmar, Md R7D3

18. Funeral director Will S Marvel

Address Delmar, Md

19. 11/26, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1939, at 5:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Nov 23 1939, and that I last saw her alive on Nov 23 1939.

Immediate cause of death Cerebral Hemorrhage with left Hemiplegia — DURATION 1 mo

Due to Hypertension — 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S H Lynch M. D. or other

Address Delmar Md Date signed Dec 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

11368

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Quantico (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Quantico md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. no (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Emory Pinkett

3. (b) Social Security Number no

4. Sex male

5. Color or race a a

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Fanny Pinkett alive

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 12 1868

8. AGE: Years 71 Months 5 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace Quantico md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business no

FATHER 12. Name Charles Pinkett

13. Birthplace Quantico Md

MOTHER 14. Maiden name mary J moore

15. Birthplace Quantico md

16. Informant Isah Pinkett

Address Philadelphia Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9 1939 (month) (day) (year)

Cemetery or crematory Quantico md

Location Quantico md

18. Funeral director James F. Stewart

Address Salisbury md

19. 11/9, 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 1939, to Nov 5 1939, and that I last saw him alive on Nov 4 1939

Immediate cause of death Cerebral hemorrhage

DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J W Wanner M.D. M. D. or other

Address Salisbury Date signed Nov. 6 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 16 1939
BUREAU F. E.

11367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(48)

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Maryland Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen D. Poulson

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6(b) Name of husband or wife Geo. T. Poulson

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1895

8. AGE: Years 44 Months 8 Days 28 If less than one day ____ hrs. ____ min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER

12. Name Fred Daugherty

13. Birthplace Crisfield, Md.

MOTHER

14. Maiden name Cora Horsey

15. Birthplace Crisfield, Md.

16. Informant Geo. T. Poulson

Address Delmar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-30-39 (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Delmar, Del.

18. Funeral director Will S. Marvel

Address Delmar, Del.

19. 11-30 1939 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 - 1939, at 9.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Nov 28 1939, and that I last saw her alive on Nov. 28, 1939.

Immediate cause of death Coma due to gastric sepsis from carcinoma

DURATION 2 day

Due to Carcinoma of rectum

Due to Metastasis to intestinal & mesenteric glands

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Delmar Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death ~~clearly and legibly~~.

(M) (T) (I)

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

11369

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Near near Willards, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Woodrow Wilson Payne

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife /
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1912

8. AGE: Years	Months	Days	If less than one day
27	6	10	hrs. min.

9. Birthplace Willards Maryland Wicomico
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Algernoon C Payne
13. Birthplace Powellville Md
MOTHER 14. Maiden name Jane A Whitehall
15. Birthplace Pittsville Maryland
16. Informant Algernoon C Payne
Address Willards, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3rd 1939 (month) (day) (year)
Cemetery or crematory New Hope Cemetery
Location Near Willards Md
18. Funeral director Wm. Howard Hall
Address Pittsville Md.
19 Dec 3, 1939 (Date rec'd by registrar) Lillian V. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30th 1939, at 2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Unattended 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Drowning during epileptic attack	sudden
Due to Epilepsy	12 years
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11/30/39
Where did injury occur? Willards, Wicomico Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury Epileptic attack Injured at work? Yes.

23. SIGNATURE Edward Fender M. D. or other
Address Salisbury Md Date signed 12/1/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11370

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John B. Parsons Home for the Aged

Stay in hospital or inst. (yrs., or mos., or days) 5 years

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Lemon Hill

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Lyle Riffe

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas Riffe

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): January 25, 1857

8. AGE: Years 82 | Months 9 | Days 11 | If less than one day — hrs. — min.

9. Birthplace: Newberg — New Jersey (Town, county, and state)

10. Usual occupation: none

11. Industry or business —

FATHER

12. Name: Robert Lyle

13. Birthplace: Scotland

MOTHER

14. Maiden name: Sara Avison

15. Birthplace: England

16. Informant: Supt. John B. Parsons Home

Address: Lemon Hill, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8. 1939 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery

Location: N. Division St. Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.

Address: E. Main St. at Davis, Salisbury, Md.

19. 11/8, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20. 1939, to Nov. 6. 1939, and that I last saw her alive on Nov. 6. 1939.

Immediate cause of death: Angina Pectoris — DURATION: Week

Due to: Arteriol Lesions — 6 mos

Due to: Arteriol Sclerosis — 18 mos.

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: N. Daisy M.D. M. D. or other

Address: Salisbury, Md. Date signed 11/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11371

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Limits of Wicomico
City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Was boarding here wife lives here been back about 2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 405 Lake St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War Yes

3. (a) FULL NAME Jacob R Pack

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	married

6 (b) Name of husband or wife Bessie Ruth

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 24 1894

8. AGE:

Years	Months	Days	If less than one day
44	8	27	____ hrs. ____ min.

9. Birthplace Fruitland md (Town, county, and state)

10. Usual occupation Musician

11. Industry or business no

FATHER 12. Name Jacob Pack

FATHER 13. Birthplace Fruitland md

MOTHER 14. Maiden name Sallie Waters

MOTHER 15. Birthplace Fruitland md

16. Informant Mrs Sallie Pack

Address Salisbury md

17. Burial Date thereof 11 26 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parsons

Location Salisbury md

18. Funeral director James H. Stewart

Address Salisbury md

19. 11/26/39 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1939, et ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Nov. 1939, and that I last saw him alive on Nov. 1939.

Immediate cause of death	DURATION
Chronic glomerular nephritis	6 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE LaRademacher M.D.
M. D. or other
Address Salisbury Md Date signed 11-24-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

11372

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore M Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in this community (yrs., mos., or days) unknown

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(d) Street No. 205 Isabella St
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Smack, Beulah

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1886

8. AGE: Years 52 | Months 11 | Days 18 | If less than one day _____ hr. _____ min.

9. Birthplace Showell's Worcester Co Maryland
(Town, county, and state)

10. Usual occupation Retail Buyer

11. Industry or business Department Store

FATHER
12. Name John Smack
13. Birthplace Powellville Md.

MOTHER
14. Maiden Name Elizabeth Dennis
15. Birthplace Powellville Md.

16 (a) Informant deceased (on admission)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-1939 (month) (day) (year)

(c) Cemetery or crematory Newark Nov 18-1939

Location Newark Md

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury Md.

19 (a) 11/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death November 16 1939, at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/30/39 19__, to 11/16/39 19__, and that I last saw him alive on 11/16/39 19__.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Shen M. D. or other

Address Salisbury Md Date signed 11/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. X 32

11373

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Wicomico

(b) City or town: Salisbury 2nd R.F.D. 2 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days): 39 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Wicomico

(c) City or town: Salisbury Md (If outside city or town limits, write RURAL and give town)

(d) Street No.: R 7 10 2 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Edward Marshall Smith

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Cordelia J. Smith

6. (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Oct 14, 1863

8. AGE: Years	Months	Days	If less than one day
76	—	25	____ hr. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER — 12. Name: Daniel Smith

FATHER — 13. Birthplace: Delaware

MOTHER — 14. Maiden Name: Sallie Dennis

MOTHER — 15. Birthplace: Delaware

16 (a) Informant: Mrs. E. M. Smith

(b) Address: Salisbury, Md. - R.F.D. 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-39 (month) (day) (year)

(c) Cemetery or crematory: Parsons Cem.

Location: Salisbury, Md.

18 (a) Funeral director: Wyld B. Bland

(b) Address: Delmar, Del.

19 (a) Nov. 14 1939 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 9 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939, to Nov 9 1939, and that I last saw him alive on Nov 9 1939.

Immediate cause of death	Duration
Myocarditis,	7
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: W. E. Leeds M. D. or other

Address: Delmar Del. Date signed 11/10/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct facts are especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

11374

1. PLACE OF DEATH:

(a) County Wicomico.

(b) City or town Salisbury.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Pen. General Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town St. Martins
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Smith.

3 (b) If veteran, name war none

3 (c) Social Security No. none.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. single.

6 (b) Name of husband or wife none.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1855

8. AGE: Years 84 Months 9 Days 15 If less than one day hr. min.

9. Birthplace New Jersey.
(Town, county, and state)

10. Usual occupation none.

11. Industry or business

FATHER
12. Name unknown.
13. Birthplace N. J.

MOTHER
14. Maiden Name unknown
15. Birthplace N. J.

16 (a) Informant Miss Cecelia Houston.
(b) Address Snow Hill, Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-15-1939 (month) (day) (year)

(c) Cemetery or crematory St. Pauls, Berlin
Location Berlin, Md.

18 (a) Funeral director J. W. Burbage
(b) Address Berlin Md.

19 (a) 11/13/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 13 1939 at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Nov 13 1939 and that I last saw him alive on Nov 12 1939

Immediate cause of death uraemia

Due to chronic interstitial nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Wimmer M. D. or other

Address Salisbury Date signed Nov 13

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

11375

Reg. Dist. No. 3321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Willards Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 mo 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Willards Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joan Brenda Truitt

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Infant.

6 (b) Name of husband or wife: Infant.
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 25, 1939.

8. AGE: Years	Months	Days	If less than one day
	3	6	hrs. min.

9. Birthplace: Willards – Wicomico, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: James Truitt
13. Birthplace: Willards, Md.
MOTHER 14. Maiden name: Mildred Bradford.
15. Birthplace: Willards, Md.
18. Informant: James Truitt
Address: Willards, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3, 1939 (month) (day) (year)
Cemetery or crematory: New Hope
Location: Willards, Md.
18. Funeral director: M. Pasha Watson
Address: Salisbury, Del.
19. Nov. 3 1939 (Date rec'd by registrar) Lillian P. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1 1939, at 1030 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1939, to Nov 1 1939, and that I last saw h[illegible]ative on Nov 1 1939.

Immediate cause of death	DURATION
Infectious Enteritis	2 wks.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank R. Lewis M.D.
M. D. or other
Address: Willards, Md. Date signed 11/1/39

RECEIVED
DEC 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11376

51-C

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Tull

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Teagle

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Unknown ab.

8. AGE — Years: ab. 70 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.

9. Birthplace: Virginia (town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business:

FATHER — 12. Name: William Tull.

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Annie Slogan

15. Birthplace: Virginia

18. Informant: Sarah Tull

Address: New Church, Va.

17. Burial, cremation, or removal, Which?: Wattsville, Va. Date thereof: Nov. 8th 1939 (month) (day) (year)

Cemetery or crematory: Wattsville Cemetery

Location: Nr. Wattsville, Va.

18. Funeral director: J. Edgar Thomas

Address: Accomac, Va.

19. 11/6/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1939, at 1.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 27th 1939, to Nov 5th 1939, and that I last saw h— alive on November 4th 1939.

Immediate cause of death	DURATION
Post operative shock	
Due to Prostatectomy	
Due to Carcinoma of Prostate	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Supra pubic prostatectomy

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Chas. T. Tinker, M.D.
M. D. or other

Address Salisbury, Md. Date signed 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2:00

RECEIVED
DEC 5 1939
BUREAU V. S.

Harriett E. Johnson
Salisbury, Md.,
Hatfield Apt.
1st Floor.

11377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) about 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 303 Delaware St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Wesley Wallace

3. (b) Social Security Number no

4. Sex male

5. Color or race a a

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Wallace

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 65 | Months – | Days – | If less than one day ___ hrs. ___ min.

9. Birthplace Wicomico White Haven Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER 12. Name Jerry Wallace

13. Birthplace Wicomico Co Md

MOTHER 14. Maiden name Sallie Dashield

15. Birthplace Mardella Springs Md

16. Informant Mrs Mary Wallace

Address 303 Delaware St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3 – 1939 (month) (day) (year)

Cemetery or crematory Houston

Location Salisbury Md

18. Funeral director James F. Stewart

Address Salisbury Md

19. 12/2, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1939, at 12:30 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Oct. 25, 1939 to Nov. 28, 1939, and that I last saw him alive on Nov. 27, 1939.

Immediate cause of death Chronic Pulmonary T.B. — DURATION 3 years

Due to

Due to Infection

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G H Sembly M. D. or other

Address Salisbury Date signed Dec 1, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 11 336

11378

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Delmar, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Chestnut Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 22 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Delmar, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Chestnut Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lillian Waller

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife J. Albert Waller

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1884

8. AGE: Years 54 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Ashwood
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Riggin
15. Birthplace Maryland

16 (a) Informant J. A. Waller
(b) Address Delmar, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-39 (month) (day) (year)

(c) Cemetery or crematory M. C. Cemetery

Location Delmar, Del.

18 (a) Funeral director Will S. Marsh

(b) Address Delmar, Del.

19 (a) Nov. 10, 1939 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 8 1939, at 4:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Nov 8 1939, and that I last saw him alive on Nov 8 1939

Immediate cause of death Pneumonia Pneumonia — Duration 3 days

Due to Chronic Nephritis — 1 yr.

Due to ____

Other conditions Myocarditis — 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature [signature] M. D. or other

Address Delmar Md. Date signed Nov 9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(M) (T) (D)

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11379

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 122 West Vine (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mary Jane Haller

3. (b) Social Security Number: ✓ None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Reuben J. Haller

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1892.

8. AGE: Years: 47 | Months: 8 | Days: 21 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Pocomoke, Wicomico, Md. (Town, county, and state)

10. Usual occupation: None ✓

11. Industry or business:

FATHER — 12. Name: John O. Evans

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Margaret Hitch

MOTHER — 15. Birthplace: Maryland

16. Informant: Reuben J. Haller, Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/15/39. (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Wells Undertaking Co., Address: Salisbury, Md.

19. 11/15/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 13, 1939, at 7.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-31- 1939, to 11-13 1939, and that I last saw her alive on 11-12 1939.

Immediate cause of death: Lobar pneumonia — DURATION

Due to: Influenza

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Philip C. Tawney, M. D. or other

Address: Salisbury, Md. Date signed: 11-15-39

RECEIVED
DEC 5 1939
BUREAU V. S.

(Dr. Fisher)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

11380

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days) 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Deal Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Tilden Webster

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Webster

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.): ~~[illegible]~~ Oct 6, 1876

8. AGE: Years 63 | Months 1 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace: Deal Island Md
(Town, county, and state)

10. Usual occupation: Merchant own

11. Industry or business: Grocery store

FATHER
12. Name: William J. Webster
13. Birthplace: Deal Island Md

MOTHER
14. Maiden name: Mary Ann Mister
15. Birthplace: Deal Island Md

16. Informant: Mrs. Minnie Webster
Address: Deal Island Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 17-39 (month) (day) (year)

Cemetery or crematory: M. E. Cemetery

Location: Deal Island Md.

18. Funeral director: L. G. & F. J. Webster
Address: Deal Island Md.

19. 11/17, 1939 Harriet E. Johnson Soc'l
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14th 1939 at 12.15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/10 1939, to 11/14 1939 and that I last saw him alive on 11/14 1939.

Immediate cause of death: Uraemia — DURATION: 4 days

Due to: Acute nephritis; probable cause: Alcoholism. C.W.G.R. — 3 weeks

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Operations

Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Clem T. Fisher MD
M. D. or other

Address: Salisbury, Md. Date signed 11/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11381

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 19 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilkerson, Albert.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1939

8. AGE: Years Months 3 Days 9 If less than one day hrs. min.

9. Birthplace Pittsville Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name George H. Wilkerson.

FATHER 13. Birthplace Baltimore. Md.

MOTHER 14. Maiden name Ursilla R. Oakes.?

MOTHER 15. Birthplace New Jersey.

16. Informant George H. Wilkerson.

Address Pittsville Md.

17. Grace M.P. Cem (Burial, cremation, or removal. Which?) Date thereof Nov 4 1939 (month) (day) (year)

Cemetery or crematory Grace M.P. Cemetery

Location Pittsville. Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville. Md.

19. 11/3/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2-1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-14-1939, to 11-2-1939 and that I last saw him alive on 11-2-1939

Immediate cause of death	DURATION
Infection Diabetes	3 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. Howard Wells M. D. or other

Address Salisbury Date signed Nov. 7

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

11382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH

(a) County Wicomico Co

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore Tb Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 15 d

(e) Length of stay in this community (yrs., mos., or days) 4 mo 15 d

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Delmar
(If outside city or town limits, write RURAL and give town)

(d) Street No. —
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Wooten, Geneva

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Bayard Wooten

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) March 9, 1914

8. AGE: Years 25 | Months 8 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Tilghman Island Talbot Co Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business —

FATHER
12. Name James Cooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Maryland

16 (a) Informant deceased on admission

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25 1939 (month) (day) (year)

(c) Cemetery or crematory Tilghman Island

Location Tilghman Md

18 (a) Funeral director Newnam & Harrison

(b) Address Mt. Michaels

19 (a) 11/23/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death November 23 19 9, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8/39 19____, to 11/23/39 19____, and that I last saw him alive on 11/23/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	June 1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Paul Cohen M. D. or other

Address Salisbury Md Date signed 11/23/39

RECEIVED
DEC 5 1939
BUREAU V. S.